

# Immunology/Plant Pre-examination Checklist

Serial Number: 09/203548

|      | YES                                 | NO                                  | N/A                                 |   |
|------|-------------------------------------|-------------------------------------|-------------------------------------|---|
| A. 1 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Sequence in Case  |
| 2    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 2964 CRF Entered  |
| 3    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Sequence Complies with Sequence Rules (If No see Attached Letter) |
| 4    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | CRF entered in parent <u>07/222 284</u>                           |
| 5    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Figures seen by draftsman   |
| 6    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Abstract  |
| 7    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Oath/Declaration in file  |
| 8    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Oath/Declaration signed by all applicants                         |
| 9    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Oath/Declaration Includes all residences                          |
| 10   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Oath/Declaration Includes Foreign continuity Data                 |
| 11   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Oath/Declaration Includes US continuity Data                      |

B. Examiner -- Please check to determine if the following are required:

|   |                                     |                          |                          |  |
|---|-------------------------------------|--------------------------|--------------------------|--|
| 1 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Restriction Requirement  |
| 2 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sequences in claims not in compliance with sequence rules and may be required to search case |

If any of part B above are necessary, please act on and complete within 15 days.

E. C. Ward Reviewers Name